

## 平成29年度リクルート健保標準報酬月額保険料額表

等級	標準報酬		標準報酬月額	一般保険料			介護保険料			合計保険料		
	日額 (円)	標準報酬 月額(円)	以上～未満 (千円)	被保険者 負担 38.5	事業主 負担 41.5	計 80.0	被保険者 負担 9.5	事業主 負担 9.5	計 19.0	被保険者 負担 48.0	事業主 負担 51.0	計 99.0
1	1,930	58,000	～ 63	2,233	2,407	4,640	551	551	1,102	2,784	2,958	5,742
2	2,270	68,000	63 ～ 73	2,618	2,822	5,440	646	646	1,292	3,264	3,468	6,732
3	2,600	78,000	73 ～ 83	3,003	3,237	6,240	741	741	1,482	3,744	3,978	7,722
4	2,930	88,000	83 ～ 93	3,388	3,652	7,040	836	836	1,672	4,224	4,488	8,712
5	3,270	98,000	93 ～ 101	3,773	4,067	7,840	931	931	1,862	4,704	4,998	9,702
6	3,470	104,000	101 ～ 107	4,004	4,316	8,320	988	988	1,976	4,992	5,304	10,296
7	3,670	110,000	107 ～ 114	4,235	4,565	8,800	1,045	1,045	2,090	5,280	5,610	10,890
8	3,930	118,000	114 ～ 122	4,543	4,897	9,440	1,121	1,121	2,242	5,664	6,018	11,682
9	4,200	126,000	122 ～ 130	4,851	5,229	10,080	1,197	1,197	2,394	6,048	6,426	12,474
10	4,470	134,000	130 ～ 138	5,159	5,561	10,720	1,273	1,273	2,546	6,432	6,834	13,266
11	4,730	142,000	138 ～ 146	5,467	5,893	11,360	1,349	1,349	2,698	6,816	7,242	14,058
12	5,000	150,000	146 ～ 155	5,775	6,225	12,000	1,425	1,425	2,850	7,200	7,650	14,850
13	5,330	160,000	155 ～ 165	6,160	6,640	12,800	1,520	1,520	3,040	7,680	8,160	15,840
14	5,670	170,000	165 ～ 175	6,545	7,055	13,600	1,615	1,615	3,230	8,160	8,670	16,830
15	6,000	180,000	175 ～ 185	6,930	7,470	14,400	1,710	1,710	3,420	8,640	9,180	17,820
16	6,330	190,000	185 ～ 195	7,315	7,885	15,200	1,805	1,805	3,610	9,120	9,690	18,810
17	6,670	200,000	195 ～ 210	7,700	8,300	16,000	1,900	1,900	3,800	9,600	10,200	19,800
18	7,330	220,000	210 ～ 230	8,470	9,130	17,600	2,090	2,090	4,180	10,560	11,220	21,780
19	8,000	240,000	230 ～ 250	9,240	9,960	19,200	2,280	2,280	4,560	11,520	12,240	23,760
20	8,670	260,000	250 ～ 270	10,010	10,790	20,800	2,470	2,470	4,940	12,480	13,260	25,740
21	9,330	280,000	270 ～ 290	10,780	11,620	22,400	2,660	2,660	5,320	13,440	14,280	27,720
22	10,000	300,000	290 ～ 310	11,550	12,450	24,000	2,850	2,850	5,700	14,400	15,300	29,700
23	10,670	320,000	310 ～ 330	12,320	13,280	25,600	3,040	3,040	6,080	15,360	16,320	31,680
24	11,330	340,000	330 ～ 350	13,090	14,110	27,200	3,230	3,230	6,460	16,320	17,340	33,660
25	12,000	360,000	350 ～ 370	13,860	14,940	28,800	3,420	3,420	6,840	17,280	18,360	35,640
26	12,670	380,000	370 ～ 395	14,630	15,770	30,400	3,610	3,610	7,220	18,240	19,380	37,620
27	13,670	410,000	395 ～ 425	15,785	17,015	32,800	3,895	3,895	7,790	19,680	20,910	40,590
28	14,670	440,000	425 ～ 455	16,940	18,260	35,200	4,180	4,180	8,360	21,120	22,440	43,560
29	15,670	470,000	455 ～ 485	18,095	19,505	37,600	4,465	4,465	8,930	22,560	23,970	46,530
30	16,670	500,000	485 ～ 515	19,250	20,750	40,000	4,750	4,750	9,500	24,000	25,500	49,500
31	17,670	530,000	515 ～ 545	20,405	21,995	42,400	5,035	5,035	10,070	25,440	27,030	52,470
32	18,670	560,000	545 ～ 575	21,560	23,240	44,800	5,320	5,320	10,640	26,880	28,560	55,440
33	19,670	590,000	575 ～ 605	22,715	24,485	47,200	5,605	5,605	11,210	28,320	30,090	58,410
34	20,670	620,000	605 ～ 635	23,870	25,730	49,600	5,890	5,890	11,780	29,760	31,620	61,380
35	21,670	650,000	635 ～ 665	25,025	26,975	52,000	6,175	6,175	12,350	31,200	33,150	64,350
36	22,670	680,000	665 ～ 695	26,180	28,220	54,400	6,460	6,460	12,920	32,640	34,680	67,320
37	23,670	710,000	695 ～ 730	27,335	29,465	56,800	6,745	6,745	13,490	34,080	36,210	70,290
38	25,000	750,000	730 ～ 770	28,875	31,125	60,000	7,125	7,125	14,250	36,000	38,250	74,250
39	26,330	790,000	770 ～ 810	30,415	32,785	63,200	7,505	7,505	15,010	37,920	40,290	78,210
40	27,670	830,000	810 ～ 855	31,955	34,445	66,400	7,885	7,885	15,770	39,840	42,330	82,170
41	29,330	880,000	855 ～ 905	33,880	36,520	70,400	8,360	8,360	16,720	42,240	44,880	87,120
42	31,000	930,000	905 ～ 955	35,805	38,595	74,400	8,835	8,835	17,670	44,640	47,430	92,070
43	32,670	980,000	955 ～ 1,005	37,730	40,670	78,400	9,310	9,310	18,620	47,040	49,980	97,020
44	34,330	1,030,000	1,005 ～ 1,055	39,655	42,745	82,400	9,785	9,785	19,570	49,440	52,530	101,970
45	36,330	1,090,000	1,055 ～ 1,115	41,965	45,235	87,200	10,355	10,355	20,710	52,320	55,590	107,910
46	38,330	1,150,000	1,115 ～ 1,175	44,275	47,725	92,000	10,925	10,925	21,850	55,200	58,650	113,850
47	40,330	1,210,000	1,175 ～ 1,235	46,585	50,215	96,800	11,495	11,495	22,990	58,080	61,710	119,790
48	42,330	1,270,000	1,235 ～ 1,295	48,895	52,705	101,600	12,065	12,065	24,130	60,960	64,770	125,730
49	44,330	1,330,000	1,295 ～ 1,355	51,205	55,195	106,400	12,635	12,635	25,270	63,840	67,830	131,670
50	46,330	1,390,000	1,355 ～	53,515	57,685	111,200	13,205	13,205	26,410	66,720	70,890	137,610

※健保から事業主への保険料請求(納入告知額)は、標準報酬月額総額×保険料率で計算いたします(1円未満切捨て)。